

OFFICE ADDRESS:

TELEPHONE NO:

OFFICE HOURS

PERSON TO CALL:

DATE

NAME OF DECEASED:

DATE OF DEATH

PLACE OF DEATH

SOCIAL SECURITY NO.

The death certificate shows that the deceased died a violent death.

In connection with the Social Security claim filed by

we need to know if this person has been or will be charged with intentional homicide of the deceased.

Please complete the items below and return this letter to me.

Thank you for your cooperation.

Sincerely yours,

Claims Representative

Please complete the items below and return the entire page to the address shown above:

- ☐ Yes, the claimant named above has been/will be charged.  
The specific charge is/will be

- ☐ No, the claimant named above has not been charged with intentional homicide and we have no plans to charge him/her.

- ☐ Undetermined at this time.

Remarks:

SIGNATURE:

TITLE:

DATE: